

DR 0222 (08/03/20) **COLORADO DEPARTMENT OF REVENUE** Excise Tax Accounting Room 144 PO Box 17087

Denver CO 80217-0087 Tax.Colorado.gov Page 1 of 1

Tobacco Products Distributor Application

- This form is to be used by new distributors or if there is a change of ownership.
- A license will not be issued if the taxpayer owes any delinquent taxes
- A separate license is required for each place of business.
- To download and print forms, visit Tax.Colorado.gov

| administered by the depa | arunent. | • N | lail completed appli | ication to the address above. | | | |
|---|--|-----------------------------|--------------------------|---|----------------|----------------|--|
| Type of Ownership | | | | | | | |
| | Individual General | Partnership | Corporation | | | | |
| LLC Other Specify Other | | | | Colorado Account Number | | | |
| Last Name or Business | Name | First Name | | | Middle Initial | | |
| Trade Name/Doing Bus | siness As (if applicable) | | | | | | |
| Address of Principal Pla | ace of Business (street) | City | | State Zip |) | | |
| Phone Number | | Email Address | Email Address (required) | | | | |
| Mailing Address (if differer | nt from above) | City State Zip | | | | | |
| Phone Number | FEIN/SSN if individual (require | ed) License | Start Date (MM/DI | Period (Dept. u | | ′ - MM/YY) | |
| A tobacco products license is required if the applicant qualifies in any of the following categories. Check the appropriate boxes: | | | | | | | |
| tobacco products needs is required if the applicant qualifies in any of the following eategories. Officer the appropriate boxes. | | | | | | | |
| Tobacco Products Distributing Subcontractor – A person, firm, limited liability company (LLC), partnership or corporation who purchases excise tax paid tobacco products from a licensed Colorado tobacco products distributor for resale to a retailer in the state. | | | | | | | |
| Tobacco Products Distributor – Check all that apply: | | | | | | | |
| First to receive tobacco products in the state. | | | | | | | |
| First to receive tobacco products in the state Purchase tobacco products from manufacturer or unlicensed out-of-state wholesaler | | | | | | | |
| | | | | | | | |
| Ships or transports tobacco products to Delivery seller - A person le | | | | | | | |
| retailers in Colorado s | | | | selling tobacco products into Colorado to consumers | | | |
| The following must accompany this application before your license can be issued: | | | | | | | |
| Colorado Account Number | | | | | | | |
| 1. My sales tax Department of Revenue account number is: | | | | | | | |
| | valid Department of Revenue sal and the proper license fee with the | | nclose a comple | eted CR 0100AP, Colorado | Sales Tax ar | nd Withholding | |
| 2. Form DR 1286 and/c | | пів арріісаціоп. | | | | | |
| | stributors only - A completed DR : Distributing Subcontractors) | 5785, Authorization for Ele | ectronic Funds Tr | ansfer (EFT) For Tax Paym | ents (requir | ed for | |
| Fee Schedule. The license fee is based on a fiscal year beginning July 1 and ending June 30. If opening date of the business occurs: | | | | | | rs: | |
| July-September | October-December | January-March | April-June | | 2-750 | | |
| Fee: \$10.00 | Fee: \$7.50 | Fee: \$5.00 | Fee: \$2.50 | Tobacco Products License Fee • 1 | \$ | | |
| The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically. | | | | | | | |
| | hat upon acceptance of the licen | | | | | | |
| Article 28, Part 3-Addit | es and rules: § C.R.S., Title 39, Autional requirements for tobacco puble at Tax.Colorado.gov. Non-col | roduct manufacturers an | d stamping agen | ts. The Certified Brands Di | irectory and | guidance | |
| | of perjury in the second degree | | | | | | |
| | uthorized Name | | Title | · | | | |
| | | | | T- | | | |
| Signature of Owner, Partner or Corporate Officer | | | | Date (MM/DD/YY) | | | |